| Application   |        |  |     |
|---------------|--------|--|-----|
| / Ippiioution | $\sim$ |  | ~~. |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I    |   |                               |                    |                                  | SMALL ENTITY     |              |                     | OTHER THAN             |      |                            |                        |
|-----------------------------|---|-------------------------------|--------------------|----------------------------------|------------------|--------------|---------------------|------------------------|------|----------------------------|------------------------|
| (Column 1) (Column 2)       |   |                               |                    | _                                | TYPE [           |              | OR                  | SMALL                  |      |                            |                        |
| FOR NUMBER FILED NUMBER E   |   | NUMBER E                      | XIHA               | L                                | RATE             | FEE          |                     | RATE                   | FEE  |                            |                        |
| BAS                         | SIC FEE   |                               |                    | \                                |                  |              | * -                 | 345.00                 | OR   |                            | 690.00                 |
| TO                          | TAL CLAIMS  | 30                            | minus 20=          | . 10                             |                  |              | X\$ 9=              |                        | OR   | X\$18=                     | 180                    |
|                             | EPENDENT CLAIMS   |                               | minus 3 =          | 1 2                              |                  |              | X39=                |                        | OR   | X78=                       | 154                    |
| MU                          | TIPLE DEPENDEN  | T CLAIM PRE                   | ESENT              |                                  |                  |              | +130=               |                        | OR   | +260=                      | <i>~</i>               |
| * If                        | the difference in co  | olumn 1 is le                 | ess than zero,     | enter "0" in co                  | olumn 2          | _            | TOTAL               | ·                      | OR   | TOTAL                      | 1026                   |
| CLAIMS AS AMENDED - PART II |   |                               |                    |                                  |                  | SMALL ENTITY |                     |                        | OR   | OTHER THAN OR SMALL ENTITY |                        |
| <u> </u>                    |   | Olumn 1) CLAIMS               | The Hitz on        | (Column 2) HIGHEST               | (Column 3)       | r            | 01117122            | ADDI-                  | Ŭ. [ |                            | ADDI-                  |
| ENT A                       | -RE   | EMAINING<br>AFTER<br>IENDMENT |                    | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |              | RATE                | TIONAL<br>FEE          |      | RATE                       | TIONAL<br>FEE          |
| MENDMENT                    | Total   |                               | Minus*             | *                                | =                |              | _X\$_9=             |                        | OR   | X\$18=                     | _ <u> </u>             |
| AME                         | Independent •   |                               | Minus              | INCAIT OL AIM                    |                  | _ <u>i</u>   | X39=                |                        | ŌR   | X78=                       | 7-13-13-               |
| F                           | FIRST PRESENTA  | TION OF MU                    | LIPLE DEPE         | NDENT CLAIM                      |                  | 1            | +130=               |                        | OR   | +260=                      |                        |
| ,                           |   |                               |                    |                                  |                  | . L          | TOTAL               |                        | OR   | TOTAL<br>ADDIT. FEE        |                        |
|                             |   |                               |                    | (O.s.l.,                         | (Calumn 3)       |              | ADDIT. FEE          | <u> </u>               | 1    | AUUII. FEE                 |                        |
| -                           | (C  | Column 1)                     |                    | (Column 2)<br>HIGHEST            | (Column 3)       | ĺſ           | -                   | ADDI-                  | 1 [  | ·                          | ADDI-                  |
| AMENDMENT B                 |   | EMAINING<br>AFTER<br>MENDMENT |                    | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |              | RATE                | TIONAL<br>FEE          |      | RATE                       | TIONAL<br>FEE          |
| NO.                         | Total •   |                               | Minus •            | **                               | = .              |              | X\$ 9=              |                        | OR   | X\$18=                     |                        |
| AME                         | Independent *   |                               |                    | ***                              | =                | ] [          | X39=                |                        | OR   | X78=                       |                        |
| -                           | FIRST PRESENTA  | HON OF MO                     | JETIPLE DEFE       | NDENT CLAIM                      |                  |              | +130=               |                        | OR   | +260=                      |                        |
|                             |   |                               |                    |                                  |                  | L            | TOTAL               |                        | OR   | TOTAL<br>ADDIT. FEE        |                        |
|                             | •   |                               |                    | (O : 1: 0)                       | (O-1: 0)         |              | ADDIT. FEE          | <u> </u>               |      | AUUII. FEE                 |                        |
|                             | (C  | Column 1) CLAIMS              |                    | (Column 2)<br>HIGHEST            | (Column 3)       | ,<br>1       |                     | .551                   | 3    |                            | 1001                   |
| AMENDMENT C                 |   | EMAINING<br>AFTER<br>MENDMENT |                    | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| MO                          | Total +   |                               | Minus              | **                               | =                | ] [          | X\$ 9=              |                        | OR   | X\$18=                     |                        |
| ME                          | Independent +   |                               |                    | ***                              | =                |              | X39=                |                        | OR   | X78=                       |                        |
|                             | FIRST PRESENTA  | TION OF MU                    | JLTIPLE DEPE       | NDENT CLAIM                      |                  | J            |                     |                        | 1    | 200                        |                        |
| i                           |   |                               |                    |                                  |                  | I            | +130=               | i '                    | OR   | +260=                      |                        |
| 1                           |   |                               |                    | - '4- MOR in no                  | · o              | 1            |                     | L                      | J    |                            |                        |
|                             | If the entry in column 1<br>If the "Highest Number<br>"If the "Highest Number | r Previously Pa               | aid For" IN THIS S | SPACE is less tha                | ın 20, enter "20 | )." ,        | TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE        |                        |